

## REMARKS

Claim 1 has been canceled and Claims 4 and 5 have been amended.

### 35 USC 112

Claims 1, 2, 4 and 5 have been rejected for lack of enablement. Applicant respectfully traverses the Examiner's rejection, but nevertheless has canceled Claim 1. Having canceled Claim 1, Applicant believes that independent Claim 2 and those dependant therefrom will now be allowed in view of the following.

The formula set forth in Claim 2 is more limited as compared with that of cancelled Claim 1. Moreover, Claim 2 contains a functional restriction in that the derivative must be active selectively at nicotinic receptor sites and capable of crossing the blood-brain barrier. Thus, the scope of Claim 2 is limited to those compounds satisfying not only the formula, but also the functional criteria as set forth therein. Thus, Claim 2 specifies only galantamine and functionally equivalent galantamine derivatives. Since it is reasonable for one of ordinary skill in the art to extrapolate the demonstrated effect shown for galantamine to galantamine derivatives that share the same common skeleton and that are functionally equivalent to galantamine, the claimed scope is believed to be enabled. Importantly, one of skill in the art is enabled to use these functionally equivalent derivatives without undue experimentation.

### 35 USC 103(a)

Claims 1-5 have been rejected as being unpatentable over Snorrason in view of Giichi. The Examiner has not been persuaded by Applicant's argument of January 18, 2008 and has pointed out that the rejection is based on the combination of Snorrason and Giichi. Applicant maintains that the combination of the above references do not teach the current invention and that one of ordinary skill in the art would not be motivated to combine them.

Snorrason does not teach or suggest that galantamine or other acetylcholinesterase inhibitors are useful to treat attention deficit disorders. Snorrason only teaches that galantamine or other acetylcholinesterase inhibitors are useful to reduce side effects associated with benzodiazepines. According to Snorrason, benzodiazepines may be useful to treat attention deficit disorders, but the effect and purpose of using galantamine or other acetylcholinesterase inhibitors is limited to reducing the side effects associated with the benzodiazepine treatment.

Giichi does not suggest that galantamine or other acetylcholinesterase inhibitors known from Snorrason for reducing the side effects associated with benzodiazepines could be used to treat attention deficit disorders. The reasons why Giichi does not suggest this is because (a) Giichi relates specifically to using tricyclic compounds and does not envisage any compounds that are galantamine

derivatives as defined in Claim 2, (b) Giichi does not suggest that acetylcholinesterase inhibitor activity of its tricyclic compounds is effective to treat hyperkinesia, (c) Giichi's examples merely show that its tricyclic compounds have cholinesterase inhibitory activity and monoamine reuptake inhibitory activity - there is no data at all showing any effect on conditions such as senile dementia, Alzheimer's, Huntingdon's Chorea, hyperkinesia or mania. At best, Giichi might suggest that its tricyclic compounds could be useful to treat senile dementia, Alzheimer's, Huntingdon's Chorea, hyperkinesia or mania, but does not provide any evidence for this. However, there is certainly no suggestion in Giichi that acetylcholinesterase inhibitors in general would be useful to treat these conditions, let alone the acetylcholinesterase inhibitor galantamine and its derivatives.

Given that neither Snorrason nor Giichi either teach or suggest that acetylcholinesterase inhibitors have an effect on attention deficit disorders or hyperkinesia, the combination of the two does not either teach or suggest that galantamine and its derivatives would be useful to treat attention deficit disorders. Thus it is submitted that the current invention is not obvious in view of Snorrason or Giichi or any combination thereof.

The Examiner states, on page 8 of the above-mentioned Office Action, that there is clear motivation to administer galantamine for treating attention deficit disorder. The Examiner gives two reasons in support of this assertion.

Applicant respectfully disagrees with the Examiner's assertion in view of the following. Reason 2) is without basis because there is no suggestion in the cited prior art that acetylcholinesterase inhibitors generally can be used in the treatment of attention deficit disorders, hyperkinesia. Furthermore, reason 1) provides the skilled person with no motivation to use galantamine for treating attention deficit disorder because galantamine's known effect in alleviating side effects associated with benzodiazepines does not imply or suggest that galantamine itself could have an effect on attention deficit disorders.

In light of the above argument and amendment, Applicant believes that the application is in condition for allowance.

Respectfully submitted,



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